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THE RELATIONSHIP BETWEEN CHARGE NURSE LEADERSHIP
STYLE AND STAFF NURSE JOB SATISFACTION



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1985

THE RELATIONSHIP BETWEEN CHARGE NURSE LEADERSHIP
STYLE AND STAFF NURSE JOB SATISFACTION

by

Nina Kay Rhoton, B.S.N.

THESIS

Presented to the Graduate Faculty of the Louisiana State
University Medical Center School of Nursing
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for the Degree of

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ABSTRACT

This thesis examines

To study the relationship of the charge nurse leadership style dimensions of consideration (relationship-orientation) and structure (task-orientation) with staff nurse job satisfaction, standardized instruments were completed by 15 charge nurses and 77 staff nurses in two U.S. ^{*Air Force*} ~~ArF~~ Medical Centers. Charge nurses were given the Leadership Opinion Questionnaire, which measures consideration and structure. Staff nurses completed the Minnesota Satisfaction Questionnaire, ^{*40*} which measures ^{*40*} satisfaction with 20 job elements. Both groups also contributed demographic and biographic information through questionnaires. Pearson correlations indicated a positive correlation between staff nurse overall job satisfaction and charge nurse structure, and between staff nurse satisfaction with supervision and charge nurse consideration. Demographic variables were not found to relate significantly to leadership or job satisfaction variables. The finding that both leader dimensions of consideration and structure are related to staff nurse job satisfaction has implications for nurse educators and nurse managers.

Key Words: NURSES; Leadership; Job Satisfaction

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N.K.R.

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CHAPTER I

INTRODUCTION

Considerable attention in recent years has been given to the subject of job satisfaction among nursing personnel. The most common reasons given for concern about job satisfaction are the perceived relationships of job satisfaction to high productivity and retention, and job dissatisfaction to absenteeism, turnover, and decreased productivity. The cost of replacing a nurse who leaves the organization can be significant (Stevens, 1983; Meltzer, 1983; Case, 1983; Rowland & Rowland, 1980). The negative impact that dissatisfied nurses can have on morale of co-workers and achievement of organizational goals has also been cited (Singleton & Nail, 1984; Wolf, 1981).

The unit charge nurse plays a significant role in shaping the staff nurse's work experience, and is thus in a critical position to influence the job satisfaction of staff nurses. The most effective charge nurses have been identified as those whose leadership style reflects high levels of both consideration (relationship-orientation) and structure (task-orientation). This style is demonstrated by behaviors that structure and guide the group toward achievement of organizational goals, while considering the group members' needs for achievement, self-esteem, and autonomy (Fralic, 1983; Blake et al., 1981).

Many charge nurses have been given supervisory responsibilities as a result of demonstrated clinical

expertise, but often lack the communication and motivational skills needed to effect a high level of leader consideration, and the management skills needed to provide a high level of structure in leading the group toward goal achievement. Nurses learn how to manage individual patient workloads, but often have not learned how to translate that experience into effectively leading and managing groups of staff members (Meltzer, 1983; Seybolt & Walker, 1980).

Purpose of the Study

Given the background that job satisfaction has been associated with productivity and retention of personnel, and that the leadership ability of the charge nurse is a major variable affecting job satisfaction, this study was undertaken to determine if there was a relationship between the charge nurse leadership style dimensions of consideration and structure and the job satisfaction levels of staff nurses in inpatient settings in United States Air Force (U.S.A.F.) medical treatment facilities. A secondary purpose was to investigate the relationships of various demographic and biographic variables of the charge nurses and staff nurses with the charge nurse consideration and structure and staff nurse job satisfaction variables.

Problem

What is the relationship between the charge nurse leadership style dimensions of consideration and structure and staff nurse job satisfaction in U.S.A.F. medical treatment facilities?

Definition of Terms

Charge nurse

The charge nurse is the first-line manager responsible for the management of nursing care activities and personnel within a single patient care unit. This term is synonymous with job titles such as head nurse and unit nurse supervisor (Stevens, 1983). Operationally, charge nurse refers to U.S.A.F. nurses in first-line management positions on inpatient units in two U.S.A.F. medical treatment facilities.

Staff nurse

The staff nurse is responsible for the care of a group of patients and supervision of assigned paraprofessionals on a given tour of duty (Stevens, 1983). Operationally, this term refers to U.S.A.F. nurses assigned as staff nurses on single inpatient care units in two U.S.A.F. medical treatment facilities.

Leadership Style

Leadership style is a two factor construct composed of consideration and structure. An individual's leadership style is the mix of consideration and structure that is exhibited in the leader/manager role (Fleishman, 1969). Operationally, leadership style refers to the mix of the consideration score and structure score as measured by administration of the Leadership Opinion Questionnaire to U.S.A.F. charge nurses. In this study, charge nurses were classified high, moderate, or low consideration, and high,

moderate, or low structure. Nine combinations of leader consideration and structure, and subsequently nine leadership styles, were possible:

1. high consideration-high structure
2. high consideration-moderate structure
3. high consideration-low structure.
4. moderate consideration-high structure
5. moderate consideration-moderate structure
6. moderate consideration-low structure
7. low consideration-high structure
8. low consideration-moderate structure
9. low consideration-low structure.

Consideration

Consideration is one dimension of leadership style, as measured by the Leadership Opinion Questionnaire, which "reflects the extent to which an individual is likely to have job relationships with subordinates characterized by mutual trust, respect for their ideas, and a certain warmth between the individual and them. A high score is indicative of a climate of good rapport and two-way communication. A low score indicates the individual is likely to be more impersonal in relations with group members" (Fleishman, 1969, p. 1). Consideration is synonymous with relationship-orientation.

Structure

Structure is the other dimension of leadership style, as measured by the Leadership Opinion Questionnaire, which

"reflects the extent to which an individual is likely to define and structure the supervisory role and the roles of subordinates toward goal attainment. A high score on this dimension characterizes individuals who play a very active role in directing group activities through planning, communicating information, scheduling, criticizing, trying out new ideas, and so forth" (Fleishman, 1969, p. 1).

Structure is synonymous with task-orientation.

Job Satisfaction

Job satisfaction is the worker's subjective evaluation of various aspects of the job situation associated with what is expected and what is experienced, and in relation to the fit of the individual's needs and abilities to the work situation (Weiss et al., 1967). Operationally, job satisfaction refers to the opinions of U.S.A.F. staff nurses at two U.S.A.F. medical treatment facilities regarding their levels of satisfaction with various aspects of the job situation, as measured by the Minnesota Satisfaction Questionnaire.

Theoretical Framework

The two major concepts related to study of the problem are leadership style and job satisfaction. The following concept descriptions are based on review of the literature and the measurement tools intended for use in the study.

Leadership Style

Leadership style is a two-factor construct consisting of consideration and structure, as described in the

definition of terms. As a result of eighteen years of study in various organizational settings, including hospital nursing services, these dimensions were found to be independent rather than a continuum of leader behavior. Thus, task-oriented behaviors (structure) and relationship-oriented behaviors (consideration) are not either/or leadership styles, since the effective leader uses a combination of task and relationship behaviors. The particular mix of these behaviors is a result of unique characteristics of the leader and the interaction of the leader with the other variables in the leadership process. The Leadership Opinion Questionnaire (LOQ) is the instrument developed to measure leader dimensions of consideration and structure (Fleishman, 1969; McFarland et al., 1984).

Job Satisfaction

Job satisfaction results when there is a correspondence between the reinforcer system of the work environment and the individual's needs, provided that the individual's abilities correspond with the abilities requirement of the work situation. The evaluation is subjective as people have varying needs and expectations regarding the work situation (Cronin-Stubbs, 1984; Longest, 1974; Weiss et al., 1967).

The theory of work adjustment (Weiss et al., 1967) is a relevant framework for exploring job satisfaction of nursing staff. According to this theory, there are four components involving the worker and the work environment that correspond to produce work adjustment: (a) job

satisfaction, (b) the reinforcers available in a job, (c) the worker's vocationally related needs, and (d) how satisfactorily the worker performs on the job. The worker is described in terms of needs and abilities. The work environment is described in terms of reinforcer systems and ability requirements. Workers seek to achieve and maintain correspondence with the work environment. Correspondence refers to the suitability of the individual to the work environment, as well as suitability of the work environment to the employee. Work adjustment depends on the correspondence between the worker's abilities and the ability requirements of the job, and between the worker's needs and the reinforcers available in the work environment. Work adjustment is predicted by matching an individual's work needs and abilities with the work environment. The outcome of a fit between the employee and the job is retention, whereas instability in this fit or correspondence leads to termination of the job (Weiss et al., 1967; McFarland et al., 1984).

Instruments (Weiss et al., 1967) have been developed to operationalize and measure each of the four concepts contained in the theory of work adjustment: (a) job satisfaction, (b) the reinforcers available in a job, (c) the worker's vocationally related needs, and (d) how satisfactorily the worker performs on the job. One of these instruments, the Minnesota Satisfaction Questionnaire (MSQ),

which measures worker job satisfaction, was used in this study.

Significance of the Study

Job satisfaction has been associated with productivity, motivation, and retention of nursing personnel. Though there are many factors that affect job satisfaction, the charge nurse's leadership behaviors influence the work environment in which patient care is delivered and can foster or inhibit independence, positive change, creativity, individuality and team effort. Thus the impact that the charge nurse can have on the quality of work life for staff members and their career intent can be significant. This study was undertaken to contribute to the body of knowledge concerning the relationship between charge nurse leadership style and job satisfaction of staff nurses.

The results of the study identified information about charge nurse consideration and structure that related to differing levels of job satisfaction of staff nurses. This information may be of benefit to nurse educators in planning programs that prepare nurses to assume supervisory roles, or in planning staff development programs to enhance performance of leadership roles of those already in supervisory positions. The study findings may also aid administrators in selecting, for supervisory positions, those individuals who exhibit particular leadership styles. The study also revealed other factors relating to job satisfaction among staff nurses, which can be used by nurses

at all administrative levels in planning and problem-solving activities related to retention and job satisfaction. The results of this study may encourage leadership role development of staff nurses and others striving for leadership positions, and self-evaluation of leadership style by nurses currently in supervisory positions.

Assumptions

The assumptions are as follows:

1. Job satisfaction of staff nurses is desirable, both for the individual and the organization.
2. Satisfied employees are motivated and productive.
3. Satisfied employees are more likely to remain with the organization.
4. The charge nurse position is a complex role requiring leadership, management, administrative, and communication skills, and these skills can be learned.
5. The selected instruments will elicit the information for which they are intended.
6. The participants will respond honestly to the questions and information requested in the instruments.

Limitations of the Study

The limitations of the study are as follows:

1. Responses to the questionnaires may be influenced by the individual's mood and by the environmental conditions in the setting at the time the questionnaires are completed.

2. Responses to the questionnaires may be influenced by the individual's theoretical knowledge base about job satisfaction and leadership styles.

3. The charge nurses' responses to the LOQ may be influenced by awareness that their measured leadership style will be related to job satisfaction of staff nurses under their supervision.

4. The staff nurses' responses to the MSQ may be influenced by awareness that their measured job satisfaction will be related to the leadership style of their charge nurse.

5. The MSQ measures job satisfaction only. The three other factors associated with the theory of work adjustment will not be measured.

6. The results of the study are not generalizable to the U.S.A.F. Nurse Corps population due to the small sample size.

Hypothesis

H -There is no relationship between charge nurse leadership style dimensions of consideration and structure and staff nurse job satisfaction levels in U.S.A.F. medical treatment facilities.

CHAPTER II

REVIEW OF LITERATURE

Review of the literature reveals considerable interest in and concern about job satisfaction. Variables influencing job satisfaction have been described, and the relationships between job satisfaction and performance and retention have been studied.

Although conclusive evidence is lacking regarding the relationship between job satisfaction and job performance, research in industry and nursing have consistently demonstrated an inverse relationship between satisfaction and turnover and absenteeism. Studies of satisfaction and dissatisfaction in nursing have not been as extensive as those in business and industry. Nursing studies have often used Maslow's hierarchy of needs theory or Herzberg's motivation-hygiene theory in assessing satisfying and dissatisfying job factors (Cronin-Stibbs, 1977).

Maslow's (1970) theory of motivation describes human needs as existing in a hierarchy ranging from lower level physiological and safety needs to higher level social, esteem, and self actualization needs. Maslow asserts that persons are motivated by unmet needs. As lower level needs are satisfied, the individual ceases to be motivated by them and focuses efforts on meeting higher level needs.

Herzberg's (1966) dual factor theory of motivation was the result of studies of personnel in a variety of

occupational settings. Herzberg states that job satisfaction consists of two independent dimensions: satisfiers (motivators) and dissatisfiers (hygiene factors). Satisfiers are related to the nature of the work itself and the rewards that flow directly from the work to foster the individual's needs for self-actualization in the work setting. These factors are achievement, recognition, work itself, responsibility, and advancement. The dissatisfiers are related to the context or environment in which the individual works. These factors are company policy and administration, technical supervision, salary, working conditions, and interpersonal relationships with supervisors. Herzberg states that the satisfiers are effective in motivating the worker to superior performance. The hygiene factors prevent dissatisfaction in the work setting, but their presence will not cause satisfaction.

Slocum, Susman and Sheridan (1972) applied Maslow's needs theory in a study to analyze need satisfaction and job performance of 39 professional and 41 para-professional nursing personnel in one hospital. Job performance appraisals were obtained by supervisory personnel for each participant in the study. A questionnaire containing items based on Maslow's needs theory was used to obtain need satisfaction scores for each participant. The findings demonstrated that professional nurses reported significantly higher satisfaction with their job security, prestige within the organization, and job autonomy than did paraprofessional

employees, and a significant correlation between job performance and fulfillment of self-actualization needs was found with the registered nurses. Conclusions indicated the need to provide on-the-job opportunities for nursing personnel to meet their expectations for growth, development, and self-fulfillment.

Using a modification of the interview format used by Herzberg, Ulrich (1978) interviewed 47 nurses regarding experiences in the work situation that led to positive (satisfying) and negative (dissatisfying) feelings about the job. Experiences described relating to satisfaction and dissatisfaction were generally in line with Herzberg's dichotomy. Technical supervision, for instance, was cited 45% of the time as a dissatisfier and only 4.5% of the time as a satisfier. However, achievement and responsibility, described by Herzberg as satisfiers, ranked high both as satisfiers and dissatisfiers. The author concluded that satisfaction occurs when individuals achieve those things to which they aspire, with dissatisfaction occurring when unable to realize aspirations. It was noted that poor or inadequate hygiene factors, such as technical supervision, can inhibit attainment of motivating factors, such as achievement. The author suggested that supervisors should arrange the work environment to meet the job-related aspirations of employees.

Other studies have shown that in the nursing milieu certain of the hygiene factors do, in fact, promote

satisfaction, rather than just preventing dissatisfaction. Cronin-Stubbs (1977) cites a study of over two thousand nurses in New Zealand in which supervision was both a satisfier and a dissatisfier. In her own study of 30 new graduate staff nurses, in which an interview guide based on Herzberg's dual factors was used, Cronin-Stubbs found that many job factors were both satisfiers and dissatisfiers. Achievement was the factor most often cited. Experiences that resulted in a feeling of achievement were described as satisfiers, while experiences that were associated with a failure to achieve were described as dissatisfiers. The author recommended that supervisors provide opportunities for achievement by maintaining high performance expectations, by involving staff nurses in goal setting, and by giving the nurse feedback regarding performance and progress toward goals. Another significant finding during discussions with the new graduate nurses was their perceptions of incompetence of supervisory personnel and staff members.

Longest (1974) compared responses of 195 charge nurses and supervisors to questions about factors that influence job satisfaction with the findings of Herzberg. It was found that nurses did not perceive the factors that influence their job satisfaction with the same relative importance as Herzberg found with other categories of workers. Whereas achievement was ranked most frequently as a satisfier in both Herzberg's and Longest's studies,

differences were seen in the areas of interpersonal relationships with supervisors, recognition, and advancement. Herzberg found recognition and advancement to be ranked frequently as factors influencing satisfaction in industrial settings, but in Longest's nurse sample recognition and advancement were the least cited factors. In Longest's study a very high ranking was given to interpersonal relations between the nurse and supervisors as a factor influencing job satisfaction, whereas Herzberg found this factor rarely cited as promoting job satisfaction.

Interpersonal relationships with co-workers, immediate supervisor, and general supervisory personnel received the highest rankings in Everley and Falcione's (1976) study of job satisfaction. A Likert-type scale questionnaire asking the respondents to rank the importance that 18 job-related factors had in determining satisfaction with the job was given to 144 nurses in four hospitals. Ranking second after interpersonal relationships were internal work rewards, suggesting that satisfaction gained from the work itself through the development of and use of new skills and abilities are extremely important to nurses. External work rewards such as pay, advancement, and benefits ranked low in importance in determining job satisfaction. It was suggested that research should be done concerning the interpersonal relationships as contributors to job satisfaction.

A two year study of factors influencing turnover was conducted by Seybolt, Pavett and Walker (1978) at a hospital

with a high turnover of nursing staff. Data from an attitude survey of 242 nurses were analyzed and underlying factors that influence turnover were identified through use of a model that predicted turnover. The model was based on Vroom's expectancy theory, which suggests that behavior is determined by motivation, ability, and role perceptions. Those nurses who left the organization were found to feel less satisfaction than those who stayed, in the areas of supervision, opportunity to use one's abilities, and freedom from tension and pressure. Those who left indicated that their growth needs were not met on the job.

McCloskey (1974) studied 95 staff nurses who identified and rated in order of importance the specific rewards and incentives that would influence them to remain employed in their current setting. Opportunities for advancement and career growth were cited as factors influencing satisfaction and retention. A major dissatisfier was reported as poor relationships with supervisors. Competence of supervision and satisfying relationships with supervisors were judged as paramount for job satisfaction. Salary and fringe benefits were not found to be important factors influencing retention. McClosky concluded that the external rewards, such as salary and benefits, are important in attracting nurses to the employment setting, but that once the nurse is employed it is the internal rewards of the work itself that promote retention.

Nichols (1971) studied job satisfaction and Army nurses intentions to remain with or leave military service. In a sample of 181 novice Army nurses, 76% intended to leave the Army, 17% planned to stay, and 7% percent were undecided. Those who planned to stay expressed higher satisfaction with the job and living situations. A conclusion of this study was that job satisfaction was positively correlated with retention, and dissatisfaction positively correlated with turnover.

Weisman (1982) interviewed 1200 nurses at intervals over a two year period concerning factors influencing satisfaction with work. Findings indicated that major causes of job satisfaction related to nurses' perceived autonomy, time and opportunity for professional development on the job, and their favorable evaluation of charge nurses as leaders.

Almost all of the literature findings discussed thus far have identified supervision as a significant factor in job satisfaction, dissatisfaction, performance or retention of personnel. However, studies of the specific relationships between supervisory behaviors and staff nurse job satisfaction are limited.

A study involving 97 nurses in five hospitals regarding their evaluation of supervisory behaviors that most improved morale and commitment was accomplished by Jenkins and Henderson (1984). An open-ended questionnaire asked respondents to identify those positive and negative

behaviors of the charge nurse which most influenced their personal level of performance and satisfaction. The results revealed that three aspects of human relations were enhancers: the efforts of the charge nurse to personally motivate subordinates, fair and equitable staff schedules, and behaviors relating to communication. The authors conclude that, in the context of Maslow's hierarchy of needs, that staff nurses seem to be influenced by a need for belonging and esteem, and to find fulfillment in their interpersonal relationships in the work setting.

Nealy and Blood (1968) studied the relationships of leadership styles to work group performance and subordinate job satisfaction among two levels of nurses. The sample included 22 team leaders and eight head nurses at a U.A. psychiatric hospital. Leader behavior was described by them on the two dimensions of consideration and structure. Job satisfaction at both levels was positively correlated with leader consideration. Structure was related to job satisfaction at the team leader level only. Head nurses who were task-oriented leaders and unit supervisors who were relationship-oriented leaders received high performance ratings. This study contributes the differentiation of effectiveness of leadership patterns at different organizational levels.

The relationships between perceptions of leadership behavior and job satisfaction across three levels of workers were studied by Pryor and Distefano (1971). The study

sample consisted of 39 attendants, 40 aides, and 20 staff nurses in a state psychiatric hospital. The Leader Behavior Description Questionnaire was used to measure workers' perceptions of their leader's consideration and structure. The Job Descriptive Index was used to measure satisfaction scores in five specific areas: (a) work itself, (b) supervision, (c) co-workers, (d) pay, and (e) promotional opportunities. A total satisfaction score was also derived from combining the scores from the five areas. At the RN level, total job satisfaction was not related to either leader dimension of consideration or structure. A positive correlation was found between RN satisfaction with supervision and leader consideration.

Charge nurse leadership style as the two-factor construct of consideration and structure was studied by Duxbury, Armstrong, Drew and Henly (1984) as it related to staff nurse burnout and job satisfaction in neonatal intensive care units. Two hundred eighty three staff nurses employed by 14 hospitals across the country voluntarily completed the Minnesota Satisfaction Questionnaire, the Tedium Scale (a measurement of burnout), and the Leadership Opinion Questionnaire. Perceptions of charge nurse leadership were ranked in order to classify the charge nurses on consideration and structure. The 14 head nurses were divided according to results of the Leadership Opinion Questionnaire into leadership style groups of high-consideration-high structure, high consideration-low

structure, low consideration-high structure, and low consideration-low structure. Results of the study demonstrated that staff nurses with the highest levels of burnout and lowest levels of job satisfaction perceived their charge nurse's leadership style as low consideration-high structure. Charge nurse leadership styles ranked high on consideration, regardless of the structure score, were associated with less burnout and greater job satisfaction of staff nurses. The staff nurse satisfaction scores were the same for both high consideration-low structure charge nurses and high consideration-high structure charge nurses. The investigators indicated that the amount of structure the charge nurse exercised did not negatively influence burnout or satisfaction if the charge nurse exhibited leadership behaviors consistent with the traits of consideration. High consideration was described as protecting against the potential negative responses to structure.

In summary, a number of studies have addressed the relationship of job satisfaction to performance and retention of personnel. Factors influencing job satisfaction of nursing personnel have been identified. Several authors cite the importance of interpersonal relationships between supervisor and subordinate as promoting job satisfaction. However, few studies have addressed the specific leadership behaviors demonstrated by charge nurses that influence the job satisfaction of staff

nurses. This study was undertaken to seek additional quantifiable data regarding the relationship between charge nurse leadership dimensions of consideration and structure and staff nurse job satisfaction.

CHAPTER III

METHODOLOGY

The purpose of the study was to investigate the relationship of U.S.A.F. charge nurse leadership style dimensions of consideration and structure with U.S.A.F. staff nurse job satisfaction. A secondary purpose was to study the relationship between demographic and biographic variables of the participants and charge nurse leadership dimensions and staff nurse job satisfaction. In order to study these variables, a correlational survey design was developed. Data was collected through a questionnaire survey. Hypothesis testing was accomplished with the Pearson product-moment correlation (Pearson r) measure. Additional statistical analysis of the data was accomplished with analysis of variance and Chi square.

Setting of the Study

The study sites were (a) a 320 bed U.S.A.F. Medical Center with 14 charge nurses assigned, and (b) a 165 bed U.S.A.F. Medical Center with 10 charge nurses assigned. U.S.A.F. medical treatment facilities are distributed in six geographical regions in the continental United States. Each region contains one U.S.A.F. Medical Center, which offers a wide variety of specialty services. One or more U.S.A.F. Regional Hospitals are also located in each geographical region. These are smaller in size and offer fewer specialty services than do Medical Centers. Several small facilities

small facilities designated as U.S.A.F Hospitals are also located throughout each region, with services usually limited to general medicine, general surgery, and obstetric services. Military health care recipients are referred to the nearest medical treatment facility that provides the needed services (AFR 168-4). The two facilities selected for the study represent one third of the U.S.A.F. medical treatment facilities designated as Medical Centers in the United States. The two study sites, one located in the Southeastern region and one in the North Central region, were selected as a convenience sample rather than a random sample due to limitations of distance.

Study Sample

U.S.A.F. charge nurses in each facility who had more than 4 months experience in their current position were asked to participate in the study. U.S.A.F. staff nurses with more than 2 months experience in their current position were asked to participate in the study on those units on which the charge nurse had agreed to be a participant. Participation in the study was voluntary. Five units were excluded from the study because the charge nurses had less than four months in the current position, and four units were excluded due to absence of the charge nurse during the period of the study due to vacation or other reasons. Fifteen charge nurses and 79 staff nurses were asked to participate in the study. All of the charge nurses contacted did participate. All of the staff nurses agreed

to participate, but one did not return the completed instruments, and one returned the instruments after analysis of the data had been completed. The 77 staff nurses who participated represent a 97% response rate.

Instruments

The data-collecting instruments were the Leadership Opinion Questionnaire (LOQ), and the Minnesota Satisfaction Questionnaire (MSQ). A staff nurse questionnaire and a charge nurse questionnaire developed by the investigator to obtain demographic information were also used.

The LOQ consists of two 20 item scales that measure the leadership style dimensions of consideration and structure. The LOQ is self administering. All directions are given in full on the title page of the questionnaire booklet, and the questionnaire can usually be completed in 15 minutes. The validity of the two dimensions in the scale has been established. Internal consistency reliabilities obtained by the split-half method have ranged from .62 to .88 among different supervisory groups. (Fleishman, 1969).

The MSQ was designed as a measure of worker satisfaction with specific aspects of the job, one of the primary indicators of work adjustment. The short-form of the MSQ consists of a 20 item scale, with each item selected as the most representative from each of the 20 job satisfaction scales of the 100 item long-form MSQ. A copy of the MSQ short form is found in Appendix A. Directions for completion are included on the first page of the

questionnaire, and the respondents were asked to rate the level of satisfaction with each item. The job aspects, each with one corresponding item in the scale, are: (a) ability utilization, (b) achievement, (c) activity, (d) advancement, (e) authority, (f) policies, (g) compensation, (h) co-workers, (i) creativity, (j) independence, (k) moral values, (l) recognition, (m) responsibility, (n) security, (o) social service, (p) social status, (q) supervision-technical, (r) supervision-human relations, (s) variety, and (t) working conditions. The MSQ short form corresponds to the general satisfaction scale of the MSQ long form. The form is self-administering, and usually takes 5 minutes to complete. Validity of the MSQ is well established. Internal consistency reliability has been high, with Hoyt reliability coefficients ranging from .77 to .92 among varied occupational groups (Weiss et al., 1967).

The charge nurse and staff nurse questionnaires were multiple choice self-administered forms that asked for the respondent's age, sex, and information regarding education, nursing experience, career intent, and whether assigned to their preferred work area. The charge nurse form also asked the respondent for opinions concerning (a) whether the Nursing Service Management course, if completed, was adequate preparation for charge nurse position, (b) reasons the individual felt contributed to selection for the current position, and (c) whether the respondent received more personal gratification from the clinical or management

aspects of the job. Directions for completing the forms were provided and the forms take less than five minutes to complete. Appendix B contains a copy of the charge nurse questionnaire and Appendix C contains a copy of the staff nurse questionnaire.

Each form was coded with the respondent's unit of assignment and position (staff nurse or charge nurse) in order to correlate the responses. The investigator was the only individual with access to the code. Subjects were assured that the data will be treated confidentially and that their privacy will be protected.

Procedure

The investigator contacted by phone the chief nurse at each facility to explain the purpose and procedures involved in the study, and determined their interest in participating in the study. Verbal agreement from each chief nurse was obtained for participation of assigned U.S.A.F charge nurses and staff nurses on a voluntary basis. The procedure for approval of the study at each facility was followed. At one of the facilities written permission to conduct the study was obtained from the Medical Center commander. At the other facility the research proposal was presented to the Nursing Research Committee and approval was obtained. The chief nurse was the investigator's contact person at each facility.

The research study proposal was submitted for approval by the U.S.A.F. through designated channels. After the

study proposal was approved by each facility, the IRB of Louisiana State University Medical Center, and by the U.S.A.F., dates for the investigator to visit each facility were coordinated with each chief nurse. A four day visit was conducted at each facility. At one facility the chief nurse sent a memo to the inpatient units notifying nursing personnel of the investigator's visit, and at the other facility the chief nurse provided a hospital tour and introductions to unit personnel.

During the visit, available charge nurses who had been in their current position at least four months were contacted by the investigator and asked to participate in the study. Information concerning the purpose of the study, target sample, data collection methods, and all other information contained in the consent form were discussed. All charge nurse participants were asked to read and sign the consent form in duplicate, and were provided a copy. Each charge nurse participant was provided a copy of the charge nurse questionnaire and the LOQ, coded according to the unit of assignment, and asked to complete the forms within a designated time frame and place them in a sealed envelope. The investigator retrieved the majority of the completed forms from the charge nurses during the facility visit. A small number of the completed charge nurse forms were returned to the investigator by mail. All completed forms were kept in a secured area during the length of the investigator's stay in the facility.

U.S.A.F. staff nurses on all shifts were contacted by the investigator on those units on which the charge nurse agreed to be a participant. Information concerning the purpose of the study, target sample, data collection methods, and all other information contained in the consent form were discussed. Staff nurse participants were asked to read and sign the consent form in duplicate, and were provided a copy. Each staff nurse participant was provided a copy of the staff nurse questionnaire and the MSQ, coded according to the unit of assignment, and asked to complete the forms within a designated time frame. The investigator retrieved most of the forms during the visit, and kept them secured during the stay in the facility. Several of the completed forms were returned to the investigator by mail. Responses received after a final deadline date were not included in the study. Questionnaires were not removed from the sealed envelopes until after the visit at each facility was completed.

Method of Data Analysis

The LOQs were scored according to directions provided in the LOQ examiner's manual, and each charge nurse designated one of the leadership styles described in definition of terms. The MSQs were scored as directed by the examiner's manual, and a numerical general satisfaction score given to each staff nurse. Pearson correlations were calculated between the staff nurses' job satisfaction scores and the appropriate charge nurse's leader dimensions to test

the hypothesis. Analysis of variance was also utilized in analyzing the MSQ and LOQ data.

Biographic data from the charge nurse and staff nurse questionnaires were tabulated, and biographic variables compared with leadership style and job satisfaction variables with the use of Chi square. Tables have been utilized as appropriate to describe study findings.

CHAPTER IV

ANALYSIS OF DATA

The purpose of the study was to investigate the relationship of the leadership style dimensions of consideration and structure of U.S.A.F. charge nurses with the job satisfaction of U.S.A.F. staff nurses. A secondary purpose was to identify other factors among individual demographic variables that relate to charge nurse leadership style and staff nurse job satisfaction.

Characteristics of the Sample

The sample consisted of 15 charge nurses and 77 staff nurses from two U.S.A.F. Medical Centers. The sample sizes for the two Medical Centers were similar, with seven charge nurses and 38 staff nurses from one facility, and eight charge nurses and 39 staff nurses from the other. Since the purpose of including two facilities in the study was to obtain an adequate sample size, and not to compare findings between the two facilities, data from both study sites were combined for presentation and analysis.

Demographic and biographic information were obtained from each of the participants to determine the characteristics of the sample, and also were analyzed in relation to the leadership style and job satisfaction variables. Demographic and biographic data from both the charge nurses and the staff nurses are presented together

when feasible. Table 1 describes the age and sex of the participants.

Table 1

Age and Sex of Charge Nurses and Staff Nurses

Age	Numbers of Nurses			
	Charge Nurse (N=15)		Staff Nurse (N=77)	
	Female	Male	Female	Male
under 25 yrs.	0	0	21	1
25-29 yrs.	0	0	25	5
30-34 yrs.	5	0	12	7
35-39 yrs.	6	1	5	1
40-44 yrs.	1	1	0	0
45-49 yrs.	1	0	0	0
Total	13	2	63	14

All of the charge nurses were age 30 or over, whereas the majority (70%) of the staff nurses were under the age of 30. The percentage of males in both groups was similar, with 15% male charge nurses, and 18 % male staff nurses.

Charge nurses and staff nurses were asked to provide information regarding the length of time of their RN and U.S.A.F. experiences. Table 2 shows the experience of the 15 charge nurses.

Table 2

Charge Nurses' Length of Experience as RN and in U.S.A.F

Experience	Years					Total
	<5	5-9	10-14	15-19	20+	
As RN	1	0	7	5	2	15
In U.S.A.F.	1	4	9	1	0	15

Only one charge nurse had less than five years experience both as an RN and in the U.S.A.F. The remainder of the charge nurses represented an experienced group, with at least 10 years of RN experience, and at least 5 years tenure in the U.S.A.F.

Charge nurses also provided information regarding their experience in charge nurse positions. This information is presented in Table 3.

Table 3

Charge Nurses' Length of Time in Current Position and Total Charge Nurse Experience

Charge Nurse Experience	Months					Total
	<12	12-23	24-35	36-48	48+	
Current Charge Position	3	11	1	0	0	15
Total Charge Experience	0	4	1	3	7	15

Of the three charge nurses who were in their current position less than one year, two had more than four years of total charge nurse experience, and one had almost two years of charge nurse experience. Only three individuals were in their first charge nurse position, though all three had been in the position at least one year. With two thirds of the charge nurses having three years or more of experience in charge nurse positions, and none less than one year, the group also represents a relatively experienced group of charge nurses.

The 77 staff nurses also described the length of their RN and U.S.A.F. experiences. Table 4 presents these findings.

Table 4

Staff Nurses' Length of Experience as RN, in U.S.A.F., and in Current Staff Nurse Position

Experience	Years							Total
	<1	1-<2	2-<3	3-<4	4-8	9-12	12>	
As RN	4	16	12	13	21	10	1	77
In U.S.A.F	19	28	12	9	10	0	0	77
In Current Position	42	24	8	2	1	0	0	77

The staff nurses represented a wide range of total RN experience. However, it can be generalized that the majority of the staff nurses were fairly new to the U.S.A.F. In addition, for 54 (70%) of the staff nurses the current position was also their first staff nurse position since joining the U.S.A.F.

The charge nurses and staff nurses were asked to indicate their educational background. Table 5 presents the highest educational level attained by individuals in both groups.

Table 5

Highest Educational Level Attained by Charge Nurses and Staff Nurses

Educational Level	Number of Nurses	
	Charge Nurses (n=15)	Staff Nurses (n=77)
Associate Degree in Nursing	0	2
Diploma in Nursing	4	1
Bachelors Degree in Nursing	8	70
Masters Degree in Nursing	0	2
Masters Degree non-nursing	3	2

Five of the staff nurses who have a BSN also have a baccalaureate degree in another field. All four of the charge nurses with diploma program designated as the highest

educational level held are currently enrolled in BSN programs. Three of the BSN-prepared charge nurses are pursuing masters-level education: two are in programs leading to a masters degree in nursing, and one is in a program for a masters degree in guidance and counseling.

Both the charge nurses and staff nurses were asked to indicate if they were assigned to a unit of their clinical preference (Table 6). A positive response was indicated by the majority of nurses in both groups.

Table 6

Charge Nurses' and Staff Nurses' Responses to Question
Regarding Assignment to Unit of Clinical Preference

Responses	Number of Responses	
	Charge Nurses (n=15)	Staff Nurses (n=77)
Assigned to preferred unit	13	60
Not assigned to preferred unit	0	15
Did not have a preference	2	2

These findings indicate that most charge nurses and staff nurses do have specific preferences for the clinical area in which they practice. At the time of the study, most of the nurses were working in their preferred area.

Charge nurses and staff nurses were asked to indicate their current intentions toward remaining in the U.S.A.F. for at least a 20 year career. Table 7 describes these findings.

Table 7

Charge Nurses' and Staff Nurses' Intentions for a U.S.A.F. Career

U.S.A.F Career Intentions	Number of Nurses	
	Charge Nurses (n=15)	Staff Nurses (n=77)
Definitely will make career	11	16
Probably will make career	4	18
Lean toward making career	0	13
Undecided	0	12
Lean toward not making career	0	7
Probably will not make career	0	8
Definitely will not make career	0	3

It is apparant that all of the charge nurses and more than half of the staff nurses were inclined toward a U.S.A.F. career. Review of the data revealed that 71% of the male staff nurses definitely will or probably will make the U.S.A.F. a career, and only 36% of the female staff nurses definitely or probably will make the U.S.A.F. a career.

Additional information was obtained from the charge nurses regarding their continuing education achievements in the last two years (Table 8). All of the charge nurses had pursued at least one of the continuing education options as presented, and several had pursued four or more.

Table 8

Continuing Education Accomplishments of Charge Nurses in Last Two Years

Continuing Education (C.E.) Option	Number of Charge Nurses Completing each Option
Management-Related College Course	5
Nursing Management C.E. Course	10
Nursing Management Inservice Program	11
Independent Study C.E. Offering on Management Topic in Nursing Journal	2
Monthly Reading of Nursing Management Publications	8
Total	36

Note. The total exceeds the sample size since more than one response was possible.

It was interesting to note that while a third of the charge nurses had completed college courses in management in the last two years, only 51% of them read nursing management publications on a monthly basis, and a very small number

utilized continuing education offerings in nursing management journals as a self-development tool.

Another management-related educational opportunity available to U.S.A.F. nurses is the Nursing Service Management Course (NSM). The NSM Course prepares nurse corps officers for charge nurse positions. It is available as a three month program in residence at the U.S.A.F. School of Health Care Sciences. Instruction is geared at the fundamentals of management theory and practice as applied to the patient care unit. Content includes problem-solving, interpersonal relationships, and communication skills. The residence course requires that the nurse be absent from the duty assignment for a three month period, and each class is limited in the number of students it can accommodate. U.S.A.F. nurses also have the option of completing this course through correspondence. The correspondence course is available to all U.S.A.F. nurses, regardless of rank, position, or longevity (A.F.R. 50-5). Table 9 describes charge nurses' completion of the NSM course as well as their level of agreement with the statement "the U.S.A.F. Nursing Service Management Course adequately prepared me for a charge nurse position".

Table 9

Completion of NSM by Charge Nurses and Opinions Regarding
Adequacy of NSM as Preparation for Charge Nurse Position

NSM as Adequate Charge Nurse Preparation					
NSM Completion	Agree	Neutral	Disagree	Strongly Disagree	No Response
Residence	1	1	0	1	0
Correspondence	0	3	2	0	3

Note. The total number that completed NSM was 12. One person's response was unclear, so the table represents 11 charge nurses who completed NSM.

The small number of total responses prevents generalizations about the adequacy of the NSM course with any degree of confidence. However, only one respondent in either category agreed that the NSM course was adequate preparation for a charge nurse position.

Selection for a charge nurse position may result from a variety of factors. The charge nurses were asked to indicate why they thought they were selected for their current charge nurse position. Table 10 presents their opinions.

Table 10

Charge Nurses' Opinions Regarding Reasons for Selection for
Current Charge Nurse Position

Reason for Selection as Charge Nurse	Number of Responses
Clinical Skills	10
Management Skills	10
Leadership Skills	8
Longevity in the U.S.A.F.	9
Longevity at current assignment	4
Rank	11
Other-"needed the experience"	1
Other-"support given to previous charge nurse"	1

Note. The total number of responses exceeds the sample size (n=15) because charge nurses could select more than one response.

Review of the data showed that the eight charge nurses who indicated leadership skills as a reason for their selection as a charge nurse also indicated management skills as a reason. Seven of them also indicated that clinical skills were a factor in selection for their charge nurse position. Only two of the 10 who indicated clinical skills as a reason did not also indicate management or leadership. Three of the 15 respondents indicated that longevity and rank were

the only reasons for selection, and one charge nurse indicated rank only.

The charge nurses also shared their opinions in regard to the nursing functions that provided them with the greatest satisfaction. Table 11 presents the charge nurses' preferences for patient care or management/supervisory activities.

Table 11

Nursing Functions that Provided Charge Nurses the Greatest Satisfaction.

Most Satisfying

Nursing Function

Number of Responses

Direct Patient Care Activities	7
Management/Supervisory Activities	4
Both Equally	2
Both but not at the same time	1
No Answer	1
Total	15

It is interesting to note that only four of the charge nurses indicated management and supervisory functions as providing the greatest satisfaction. Three of them had at least four years of total charge nurse experience. The largest number of charge nurses indicated that patient care activities were more satisfying. The latter group

represents charge nurse experience ranging from one year to over four years.

Results from LOQ and MSQ

The Leadership Opinion Questionnaire (LOQ) was completed by the 15 charge nurses in the sample, and the Minnesota Satisfaction Questionnaire (MSQ) was completed by the 77 staff nurses in the sample. The total sample represents 15 separate inpatient units, each having one charge nurse. The number of staff nurses on each of the 15 units participating in the study ranged from two to seven.

Leadership Opinion Questionnaire

The LOQ results indicated each charge nurse's self-evaluation of his or her performance of the leadership dimensions of consideration and structure. The highest possible score for either dimension was 80. Consideration scores ranged from 50 to 67, with a mean score of 57 and standard deviation of 4.45. Structure scores ranged from 35 to 52, with a mean score of 45 and standard deviation of 4.16. All charge nurses scored higher on consideration than on structure.

The consideration and structure scores were classified as high, moderate, or low, according to normative data for supervisory and head nurses provided in the LOQ examiner's manual. Thus, each charge nurses was designated as high, moderate or low consideration and high, moderate, or low structure. The combination of the consideration and structure classifications determined the leadership style

of each charge nurse. There were nine possible leadership style classifications and the consideration and structure combinations for the 15 charge nurses in the sample fell into five of the possible nine leadership styles. Table 12 details the five leadership styles and the number of charge nurses included in each style.

Table 12

Charge Nurses' Leadership Styles and Number in Each Style

Leadership Style	Charge Nurses
	Number
High consideration-high structure (HCHS)	1
High consideration-moderate structure (HCMS)	4
Moderate consideration-moderate structure (MCMS)	3
Moderate consideration-low structure (MCLS)	6
Low consideration-low structure (LCLS)	1

The largest number of charge nurses were found in the moderate consideration-low structure (MCLS) combination.

Minnesota Satisfaction Questionnaire

Each of the 77 staff nurses in the study completed the short-form of the Minnesota Satisfaction Questionnaire (MSQ), which measures levels of satisfaction with 20 job elements. To determine each staff nurse's satisfaction score, the scores for each of the twenty elements were added to derive a general satisfaction score. The highest possible

score was 100. Satisfaction scores for the staff nurse group ranged from 55 to 97, with a mean score of 81.14, and standard deviation of 8.65.

General satisfaction scores for the staff nurses were interpreted by comparison with the normative data for full time professional nurses on the MSQ long form's General Satisfaction Scale, from which the MSQ short form was derived. Scores of 80 (the 75th percentile) and above represented a high level of satisfaction, scores of 70 (the 25th percentile) and below indicated low levels of satisfaction, and scores in the middle range of 71 to 79 (the 26th to 74th percentiles) were considered average satisfaction. Responses from the 77 staff nurses indicated that 45 (58.4%) were highly satisfied, 24 (31.2%) were considered to have an average level of satisfaction, and 8 (10.4%) indicated a low level of satisfaction.

Questionnaire Responses from Both Groups

As charge nurses and the corresponding staff nurses on 15 individual units were involved in the study, charge nurse leadership style data and staff nurse job satisfaction data were tabulated for each unit. Table 13 summarizes this information, with the 15 units listed in descending rank order according to the mean staff nurse general satisfaction score for each unit.

Table 13

Staff Nurse Job Satisfaction Information and Charge Nurse
Leadership Style Information for Each Inpatient Unit

Unit	Staff Nurse			Charge Nurse		
	Satisfaction mean score	Range of scores	Number staff	C	S	Leadership Style
1	88.4	79-94	7	57	50	MCMS
2	86	81-91	2	63	52	HCMS
3	85.6	74-93	7	62	47	HCMS
4	84	78-97	4	67	44	HCMS
5	84	76-91	4	65	48	HCMS
6	83.3	80-88	3	61	47	HCMS
7	83	73-92	5	56	45	MCLS
8	81.2	74-92	5	52	35	MCLS
9	81	74-91	6	50	41	LCLS
10	80.7	75-81	7	57	45	MCMS
11	80.6	75-91	5	57	42	MCLS
12	78.8	67-92	6	55	44	MCLS
13	77.4	60-84	7	53	49	MCLS
14	71.6	55-83	5	58	45	MCMS
15	69	62-77	4	57	39	MCLS

Note. C=Charge nurse consideration score. S=charge nurse structure score.

Pearson correlation coefficients (r) were calculated between the variables to determine the relation between charge nurse consideration and structure and staff nurse job satisfaction. The results are presented in Table 14.

Table 14

Correlations of Head Nurse Consideration and Structure with Staff Nurse Job Satisfaction

	Correlation with Staff Nurse Job Satisfaction
Charge Nurse Consideration	$r = .16$
Charge Nurse Structure	$r = .24^*$

* $p = .03$

Charge nurse consideration was not significantly correlated with staff nurse job satisfaction. A significant positive correlation ($r = .24$, $p = .03$) was found between charge nurse structure and staff nurse job satisfaction.

To further investigate the relationship between charge nurse structure and staff nurse job satisfaction, the staff nurse job satisfaction scores associated with each of the high, moderate, and low charge nurse structure designations were grouped. A mean staff nurse satisfaction score for each charge nurse consideration designation was determined. Table 15 presents the analysis of variance (ANOVA) for these

variables. The number of staff nurses associated with each charge nurse structure dimension is included in the table.

Table 15

Analysis of Variance with Charge Nurse Structure Designations
and Associated Staff Nurse Job Satisfaction Mean Scores

Charge Nurse Structure Designation	Staff Nurse Mean Satisfaction Score
High Structure (n=2)	86
Moderate Structure (n=37)	82.8
Low Structure (n=38)	79.3

ANOVA: F value = 1.85, p = .16 (not significant)

The same calculations were accomplished for charge nurse consideration designations and the associated staff nurse job satisfaction scores. Table 16 presents the analysis of variance for these variables.

Table 16

Analysis of Variance with Charge Nurse Consideration
Designations and Associated Staff Nurse Job Satisfaction
Mean Scores

Charge Nurse Consideration Designation	Staff Nurse Mean Satisfaction Score
High Consideration (n=20)	84
Low Consideration (n=6)	81
Moderate Consideration (n=51)	79.8

ANOVA: F value= 2.05, $p=.13$ (not significant)

The differences between means for the satisfaction scores associated with each of the charge nurse consideration and structure designations were not significant.

To determine whether there are relationships between the charge nurse leadership style (the mix of consideration and structure) and staff nurse job satisfaction, an analysis of variance was calculated for the mean staff nurse satisfaction scores associated with each leadership style. Table 17 depicts these findings. The number of charge nurses and staff nurses associated with each style is included in the table.

Table 17

Analysis of Variance for Charge Nurse Leadership Style with
Associated Staff Nurse Job Satisfaction Mean Scores

Charge Nurse Leadership		Staff Nurse Mean Satisfaction	
Style	Number	Score	Number
HCHS	1	86	2
HCMS	4	84.2	18
MCMS	3	81.4	19
LCLS	1	81.3	6
MCLS	6	78.9	32
Total 15		Total 77	

ANOVA: F value= 1.27, p=.29 (not significant)

The differences between the staff nurse satisfaction score means associated with each of the charge nurse leadership styles were not statistically significant. However, it is interesting to note that the moderate consideration-low structure designation contained the largest number of charge nurses, and was associated with the largest number of staff nurses. This group of staff nurses had the lowest mean general satisfaction score, though the score still represents an average level of satisfaction.

A number of the charge nurse and staff nurse demographic variables were evaluated to determine if relationships existed. Chi Square was used to study the relationship between the variables. The variables tested were:

1. the relationship between charge nurse leadership style and the highest degree attained by the charge nurse.
2. the relationship between the charge nurse consideration score and amount of charge nurse experience.
3. the relationship between the charge nurse structure score and amount of charge nurse experience.
4. the relationship between the charge nurse consideration score and whether direct patient care or management activities were more satisfying.
5. the relationship between charge nurse structure score and whether direct patient care or management activities were more satisfying.
6. the relationship between staff nurse satisfaction score and the charge nurse's length of charge nurse experience.
7. the relationship between the staff nurse's job satisfaction score and length of experience as an RN.
8. the relationship between staff nurse satisfaction score and whether assigned to unit of preference.
9. the relationship between staff nurse satisfaction and intentions toward a U.S.A.F. career.

None of these relationships were found to be significant at the $p < .05$ level.

In an attempt to further study the factors relating to job satisfaction, the mean score for each of the 20 items on the MSQ used to measure job satisfaction was calculated for the staff nurse group. The highest score attainable for each item was 100. Table 18 ranks the items from highest to lowest level of satisfaction, with items that have the same scores given the same numerical rank. It is of note that only three items are associated with mean scores of below 70, which is indicative of low levels of satisfaction. The high levels of satisfaction given to the two items specifically related to satisfaction with the "boss" are of interest, considering the purpose of this study.

To further investigate the relationship of charge nurse leadership style and staff nurse job satisfaction, the two items on the MSQ that asked for specific information about satisfaction with supervision, "the way my boss handles workers" and "the competence of my boss in making decisions", were analyzed in relation to the charge nurse consideration and structure scores. Pearson correlation coefficients were calculated between the staff nurse satisfaction scores given for these items and the charge nurse consideration and structure scores. Table 19 describes the findings in relation to the charge nurses' consideration scores.

Table 18

MSQ Job Satisfaction Items Ranked from Highest to Lowest
Measured by the Staff Nurses' Mean Score for Each Item

Rank	Job Satisfaction Item on Minnesota Satisfaction Questionnaire	Staff Nurse Mean Score
1	Job provides steady employment	90
2	Chance to do things for other people	88.25
3	Chance to try my own methods	84.25
4	Freedom to use my own judgement	84.25
4	Chance to use my abilities	83.25
5	Way my boss handles workers	82.50
6	Competence of my boss in making decisions	82.25
6	Able to do things not against my conscience	82.25
7	Chance to do different things at times	81.75
8	Chance to work alone on the job	79.75
8	Being able to keep busy all the time	79.75
9	Chances for advancement on this job	78.50
10	Feeling of accomplishment from the job	78.00
10	Way co-workers get along with each other	78.00
11	Chance to be somebody in the community	77.25
12	Pay and the amount of work	76.00
13	Chance to tell people what to do	74.50
14	The working conditions	69.00
14	Praise I get for doing a good job	69.00
15	The way company policies are put into practice	66.75

Table 19

Correlations Between Charge Nurse Consideration and Staff
Nurse Satisfaction with Specific Items on the MSQ Related to
Charge Nurse Behavior

MSQ Item	Correlation with Consideration
Way boss handles workers	$r = .28^*$
Competence of boss in making decisions	$r = .25^{**}$

* $p = .01$ ** $p = .02$

These findings indicate a positive correlation between staff nurses' satisfaction with specific charge nurse behaviors and the charge nurses' consideration scores.

The same procedure was accomplished to determine if a significant relationship existed between the charge nurses' structure scores and the staff nurses' level of satisfaction with the same two items on the MSQ. Table 20 presents these findings.

Table 20

Correlations Between Charge Nurse Structure and Staff Nurse Satisfaction with Specific Items on the MSQ Related to Charge Nurse Behavior

MSQ Item	Correlation with Structure
Way boss handles workers	$r = -.02$
Competence on boss in making decisions	$r = -.01$

These findings indicate that there was no significant relationship between the staff nurses' satisfaction with specific leader behaviors and the charge nurses' structure scores.

The findings in Table 19 and Table 20 are of particular interest when compared to the findings in Table 14. It appears that staff nurses' general job satisfaction was positively correlated with charge nurse structure, whereas staff nurses' satisfaction with supervision was positively correlated to charge nurse consideration. Discussion of these and other findings is found in the following chapter.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

This study was designed to investigate the relationship between the charge nurses' leadership style dimensions of consideration and structure and the staff nurses' job satisfaction in two U.S.A.F. medical treatment facilities. A secondary purpose was to study the relationship between various demographic variables of the participants and the charge nurses' consideration and structure and staff nurses' job satisfaction scores.

Discussion of Findings

The major findings indicate that a significant positive correlation existed between charge nurse structure and general staff nurse satisfaction. Charge nurse consideration was not significantly related to staff nurse general job satisfaction. The charge nurses' leadership styles, which were the combined levels of consideration and structure, were not related significantly to total staff nurse job satisfaction. Additional findings indicated that staff nurse satisfaction with supervision was significantly related to charge nurse consideration, but not to charge nurse structure. Relationships between various demographic characteristics of the participants and charge nurse consideration and structure and staff nurse job satisfaction were not of statistical significance.

The null hypothesis for this study stated that there is no relationship between charge nurse leadership style dimensions of consideration and structure and staff nurse job satisfaction levels in U.S.A.F. medical treatment facilities. Since the findings of this study indicated that there was a significant positive relationship between staff nurse general satisfaction and charge nurse structure, one of the leadership dimensions studied, the hypothesis was rejected. Further analysis of the data showed that there was a significant positive correlation between staff nurse satisfaction with supervision, as measured by specific items on the MSQ, and charge nurse consideration, the other leadership dimension studied.

This study reports findings that are not consistent with some of the findings of studies of nurses in similar leader and subordinate roles. Head nurse consideration, rather than structure, was found to be related to staff nurse job satisfaction in Neonatal Intensive Care Units by Duxbury, Armstrong, Drew, and Henly (1984). Nealy and Blood (1968) found that head nurse consideration and structure were both related to team leader job satisfaction in psychiatric hospitals. The findings of Pryer and Distefano (1971) indicated that neither leader dimension was related to RN general job satisfaction. They also examined RN satisfaction with supervision and found it was related to leader consideration. The latter finding is consistent with one of the findings in this study.

In comparing this study with the others, it must be noted that in the studies described leader consideration and structure were reported as the subordinate's perception of the leader's behavior, whereas in this study consideration and structure were self-reported behaviors of the charge nurse. Also, the other studies did not report the actual job satisfaction scores, or the leader's consideration and structure scores. In this study, 58.4% of the staff nurses scored in the high satisfaction range, 31.2% scored in the average satisfaction range, and only 10.4% of the nurses' scores indicated low levels of job satisfaction. The generally high level of satisfaction of the staff nurses participating in this study may have impacted on the statistical analysis of the findings.

Additionally, the three studies described above were conducted in settings that differed from this study; two were in psychiatric hospitals and the third included only neonatal intensive care units. This study, in contrast, was conducted in two military general hospitals and included a wide range of nursing specialty areas.

It may be possible that the relationships between the variables do differ among groups or organizations. The correlation between charge nurse structure and staff nurse general job satisfaction found in this study may be explained by speculating that nurses who choose the military setting in which to practice do prefer a structured environment. The charge nurse who defines roles, assigns

tasks, plans ahead, establishes well-defined patterns of organization, and pushes for production, may indeed be able to create an environment which promotes job satisfaction for the staff nurses. However, the correlation between staff nurse satisfaction with supervision and charge nurse consideration implies that, while the ability of the charge nurse to organize and manage the unit is imperative, the interpersonal skills the charge nurse demonstrates are also of prime importance. Consideration includes behaviors that indicate mutual trust, respect, and a certain warmth and rapport between the leader and the group. This dimension is characterized by behaviors that emphasize a deep concern for staff members' needs, such as allowing participation in decision-making, and encouraging two-way communication. The charge nurse who pushes for productivity while at the same time considering staff members' needs should be able to create a climate in which both organizational and group members' goals are met.

In examining the results of the study, it is interesting to note that all of the charge nurses rated themselves higher on consideration than on structure. Since the interpersonal skills associated with the dimension of consideration have been cited as of prime importance in promoting subordinate satisfaction (Longest, 1974; Everly & Falcione, 1976; McClosky, 1974; Jenkins & Henderson, 1984; Nealy & Blood, 1968; Pryer & Distefano, 1971; Duxbury et. al., 1984), this may account for the large number of

satisfied staff nurses in this study. However, since findings also indicated that staff nurse general job satisfaction increased as charge nurse structure increased, it is of concern that seven of the 15 charge nurses' structure scores fell into the low structure designation. This may indicate to managers that, while educational and staff development activities planned for charge nurses should include both management and interpersonal skills, particular emphasis may need to be placed on those skills associated with leader structure.

It was surprising to find that demographic and biographic variables of the charge nurses and staff nurses were not significantly related to leadership style or job satisfaction. Of particular interest was that career intentions were not related to job satisfaction. Staff nurse job satisfaction scores for those who definitely planned to make the U.S.A.F. a career ranged from 55 to 95, and scores for those who definitely did not plan to remain in the U.S.A.F. ranged from 68 to 97. This finding may indicate that a variety of factors, and not just the level of satisfaction with the current position, may influence a nurse's decisions regarding pursuit of a U.S.A.F. career. These findings were not consistent with those of Nichols (1971) and Seybolt, Pavett, and Walker (1978), who found that those nurses who left or intended to leave the organizations included in their studies had less job satisfaction than those who stayed.

An interesting finding was that a higher number of charge nurses derived greater satisfaction from direct patient care activities than management/supervisory activities. This may reflect that some nurses would prefer a clinical route for career advancement.

Though the number of charge nurses completing the NSM course was small, it can be generalized from responses that the course, by itself, was not considered adequate charge nurse preparation. Nurse managers may need to evaluate the guidance given to assist charge nurses in assuming the leadership role in the organization. Charge nurses themselves may need to enhance their own efforts toward growth as managers and leaders, particularly by taking advantage of the information available in nursing management publications.

The mean satisfaction scores and ranking given to several of the job satisfaction items on the MSQ are of interest. The relatively high satisfaction scores and ranking of the items "the chance to try my own methods", "freedom to use my own judgement", and "chance to use my abilities" may indicate that staff nurses felt that they exercised a degree of autonomy in patient care decisions at the unit level. However, the very low score and rank given to "the way company policies are put into practice" may indicate that staff nurses felt that they have little input into decisions made at higher levels that affect them and the work situation. It may benefit nurse managers at all

levels to evaluate the system used in making those decisions that the staff nurses will be expected to implement.

The item "the working conditions" also ranked low, though it is difficult to address this finding, as working conditions may have been interpreted differently by individuals. Conditions in the work setting such as physical environment, staffing patterns, work schedules, patient load, organizational climate, and relationships with other departments were not addressed in this study, and are variables that should be studied in relation to job satisfaction.

Another item that ranked low in satisfaction was "praise I get for doing a good job". This item was often given a low satisfaction score even by those nurses who were highly satisfied with other job elements, which seems to indicate that staff nurses attached a great deal of importance to receiving praise. Since praise for a job well done can come from many sources, including patients, peers, physicians, and personnel in other departments, as well as supervisors, it cannot be assumed that a low satisfaction score for this item was the result of only the charge nurse's behavior. However, charge nurses and all nurse managers should examine not only the formal reward systems in place on the unit and in the organization, but also the informal, day-to-day efforts made to give positive feedback to personnel.

Recommendations for Further Study

Subsequent studies of job satisfaction should include not only how satisfied an individual is with a job-related item, but also the level of importance attached to satisfaction with each item. The degree of satisfaction with job elements considered important would provide information to nurse managers that would be meaningful in terms of identifying those least satisfying job elements that should be changed, and those highly satisfying job elements that should be enhanced.

Job satisfaction studies involving nurses may provide more useful information if conducted with tools designed to address elements specifically related to nurses' work settings. This would require that a job satisfaction tool for nurses be developed. Currently available standardized job satisfaction tools that can be used in a variety of occupational settings, such as the MSQ, do not include items specific to nursing.

A more comprehensive study of staff nurse job satisfaction in relation to charge nurse leadership style should include both the charge nurse's self-evaluation of leadership behaviors and the staff nurses' evaluation of the charge nurse's leadership behaviors. This may identify perceptual differences that need to be explored.

This study included only Medical Centers as study sites. To gain a more representative sample of U.S.A.F. Nurse Corps officers, a larger sample should be studied,

with nurses from Medical Centers, Regional Hospitals, and small U.S.A.F. Hospitals included.

Job satisfaction is only one of the components of the theory of work adjustment, which served as the conceptual framework for addressing job satisfaction in this study. A thorough study based on all of the components of the theory of work adjustment should provide information about both the work setting and the staff member that would be of practical use to nurse managers. Work adjustment serves as a framework to determine what staff members consider important in the job, what the job offers as reinforcers, and what problems exist between the employee's skills and the performance requirements actually demanded by the job. Findings should elicit information that could be used by nurse managers in decisions related to staffing and organizational design, and by nurse educators in determining staff members' learning needs and in planning appropriate programs. The theory of work adjustment predicts that when actions have been taken in response to findings, that the result is a staff member who is likely to be satisfied in the job, function competently, and remain with the organization.

The findings from this study indicate that staff nurse job satisfaction is a complex phenomenon, affected by many variables, including the charge nurse's leadership behaviors. Charge nurses and other managers should examine the factors that were associated with differing levels of

staff nurse job satisfaction. Development of a leadership style characterized by behaviors that emphasizes both goal achievement and concern for people should be an objective of all U.S.A.F. nurses.

minnesota satisfaction questionnaire

(short-form)



Vocational Psychology Research
UNIVERSITY OF MINNESOTA

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minnesota satisfaction questionnaire

The purpose of this questionnaire is to give you a chance to tell **how you feel about your present job**, what things you are **satisfied** with and what things you are **not satisfied** with.

On the basis of your answers and those of people like you, we hope to get a better understanding of the things people like and dislike about their jobs.

On the next page you will find statements about your **present job**.

- Read each statement carefully.
- Decide **how satisfied you feel about the aspect of your job** described by the statement.

Keeping the statement in mind:

- if you feel that your job gives you **more than you expected**, check the box under **"Very Sat."** (Very Satisfied);
- if you feel that your job gives you **what you expected**, check the box under **"Sat."** (Satisfied);
- if you **cannot make up your mind** whether or not the job gives you what you expected, check the box under **"N"** (Neither Satisfied nor Dissatisfied);
- if you feel that your job gives you **less than you expected**, check the box under **"Dissat."** (Dissatisfied);
- if you feel that your job gives you **much less than you expected**, check the box under **"Very Dissat."** (Very Dissatisfied).

- Remember: Keep the statement in mind when deciding **how satisfied you feel about that aspect of your job**.
- Do this for **all** statements. Please answer **every** item.

Be frank and honest. Give a true picture of your feelings about your **present job**.

Ask yourself: How **satisfied** am I with this aspect of my job?

Very Sat. means I am very satisfied with this aspect of my job.

Sat. means I am satisfied with this aspect of my job.

N means I can't decide whether I am satisfied or not with this aspect of my job.

Dissat. means I am dissatisfied with this aspect of my job.

Very Dissat. means I am very dissatisfied with this aspect of my job.

On my present job, this is how I feel about . . .

	Very Dissat.	Dissat.	N	Sat.	Very Sat.
1. Being able to keep busy all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The chance to work alone on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The chance to do different things from time to time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The chance to be "somebody" in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The way my boss handles his/her workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The competence of my supervisor in making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Being able to do things that don't go against my conscience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The way my job provides for steady employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The chance to do things for other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The chance to tell people what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The chance to do something that makes use of my abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The way company policies are put into practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My pay and the amount of work I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The chances for advancement on this job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The freedom to use my own judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The chance to try my own methods of doing the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The way my co-workers get along with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The praise I get for doing a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The feeling of accomplishment I get from the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Dissat.	Dissat.	N	Sat.	Very Sat.

Charge Nurse Questionnaire

(SCN) 85-67

Directions: Place an "x" in the space beside the most appropriate response(s) to each question. Please write in short answers for those responses that request specific information.

1. What is your age?

- ☐ a. under 25
- ☐ b. 25-29
- ☐ c. 30-34
- ☐ d. 35-39
- ☐ e. 40-44
- ☐ f. 45-49
- ☐ g. 50 or above.

2. What is your sex?

- ☐ a. Female
- ☐ b. Male

3. How long have you been a registered nurse?

- ☐ a. under 5 years
- ☐ b. 5-9 yrs.
- ☐ c. 10-14 yrs.
- ☐ d. 15-19 yrs.
- ☐ e. 20 yrs. or over

4. How long have you been in the U.S.A.F. Nurse Corps?

- ☐ a. under 5 yrs.
- ☐ b. 5-9 yrs.
- ☐ c. 10-14 yrs.
- ☐ d. 15-19 yrs.
- ☐ e. 20 yrs. or over

5. How long have you been in your current charge nurse position?

- ☐ a. under 4 months
- ☐ b. 4-11 months
- ☐ c. 12-14 months
- ☐ d. 15-19 months
- ☐ e. 20-24 months
- ☐ f. 25-29 months
- ☐ g. 30-34 months
- ☐ h. 35 months or over

6. Is this your first charge nurse position?

- ☐ a. yes
- ☐ b. no

7. If no, how much total charge nurse experience do you have, including your current position?

- ☐ a. under 1 yr.
- ☐ b. 12-23 months
- ☐ c. 24-35 months
- ☐ d. 36-47 months
- ☐ e. 4 years or over

8. Which of the following formal education programs have you completed? (Mark all that apply)

- ☐ a. Associate degree in nursing
- ☐ b. Diploma program in nursing
- ☐ c. Baccalaureate degree in nursing
- ☐ d. Baccalaureate degree in field other than nursing
Please specify:

- ☐ e. Masters degree in nursing
(1) My specialty area was:
(2) My functional area was:

- ☐ f. Masters degree in a field other than nursing
Please specify:

- ☐ g. Doctorate degree

9. Are you currently pursuing any of the formal education programs described in #7?

- ☐ a. no
- ☐ b. yes. Please specify:

10. Have you completed the U.S.A.F. Nursing Service Management course?

- ☐ a. No (Please skip to item 12)
- ☐ b. Yes, in residence (Please continue with Item 11)
- ☐ c. Yes, by correspondence (Please continue with Item 11)

11. The USAF Nursing Service Management Course adequately prepared me for a charge nurse position.

- ☐ a. Strongly agree
- ☐ b. Agree
- ☐ c. Neither agree or disagree
- ☐ d. Disagree
- ☐ e. Strongly disagree

12. Have you pursued any of the following in the last 2 yrs?

- ☐ a. College course in management-related subject
- ☐ b. Continuing education program in nursing management
- ☐ c. Inservice program on nursing management topic
- ☐ d. Independent study, continuing education offering on management-related subjects in nursing journals
- ☐ e. Monthly reading of nursing management-related publications
- ☐ f. Other management learning opportunities
Please specify:

13. Why do you think you were selected for your current charge nurse position? (Select as many as you think apply)

- ☐ a. Clinical skills
- ☐ b. Management skills
- ☐ c. Leadership skills
- ☐ d. Longevity in the USAF
- ☐ e. Longevity at current assignment
- ☐ f. Rank
- ☐ g. Other

14. What nursing functions provide you with the greatest satisfaction?

- ☐ a. Direct patient care activities
- ☐ b. Management/supervisory activities
- ☐ c. Other

15. Are you assigned to a unit that is your clinical preference?

- ☐ a. Yes
- ☐ b. No
- ☐ c. Do not have a particular clinical preference

16. What are your current intentions toward remaining in the Air Force for at least 20 years?

- ☐ a. Definitely will make the USAF a career
- ☐ b. Probably will make the USAF a career
- ☐ c. Lean toward making the USAF a career
- ☐ d. Undecided
- ☐ e. Lean toward not making the USAF a career
- ☐ f. Probably will not make the USAF a career
- ☐ g. Definitely will not make the USAF a career

Staff Nurse Questionnaire

(SCN) 85-67

Directions: Place an "x" in the space beside the most appropriate answer(s) for each question.

1. What is your age?

- ☐ a. under 25 yrs.
- ☐ b. 25-29
- ☐ c. 30-34
- ☐ d. 35-39
- ☐ e. 40-44
- ☐ f. 45 or over.

2. What is your sex?

- ☐ a. Female
- ☐ b. Male

3. How many months/years of total RN experience do you have?

- ☐ a. under 1 yr.
- ☐ b. 12-17 months
- ☐ c. 18-23 months
- ☐ d. 24-29 months
- ☐ e. 30-35 months
- ☐ f. 36-47 months
- ☐ g. 4-8 years
- ☐ h. 9-12 years
- ☐ i. over 12 years

4. How long have you been in the U.S.A.F. Nurse Corps?

- ☐ a. under 6 months
- ☐ b. 6-11 months
- ☐ c. 12-17 months
- ☐ d. 18-23 months
- ☐ e. 24-29 months
- ☐ f. 30-35 months
- ☐ g. 36-48 months
- ☐ h. over 4 years

5. How long have you been in your current position?

- ☐ a. under 2 months
- ☐ b. 2-5 months
- ☐ c. 6-11 months
- ☐ d. 12-17 months
- ☐ e. 18-23 months
- ☐ f. 24-29 months
- ☐ g. 30-35 months
- ☐ h. 36-48 months
- ☐ i. over 4 years

6. Which of the following educational programs have you completed? (Mark all that apply)

- ☐ a. Associate degree in nursing
- ☐ b. Diploma program in nursing
- ☐ c. Baccalaureate degree in nursing
- ☐ d. Baccalaureate degree in field other than nursing
Please specify:
- ☐ e. Masters degree in nursing
(1) My specialty area was:
(2) My functional area was:
- ☐ f. Masters degree in a field other than nursing
Please specify:
- ☐ g. Doctorate degree

7. Are you assigned to a unit of your clinical preference?

- ☐ a. Yes
- ☐ b. No
- ☐ c. Do not have a particular clinical preference

8. What are your current intentions toward remaining the the Air Force for at least 20 years?

- ☐ a. Definitely will make the USAF a career
- ☐ b. Probably will make the USAF a career
- ☐ c. Lean toward making the USAF a career
- ☐ d. Undecided
- ☐ e. Lean toward not making the USAF a career
- ☐ f. Probably will not make the USAF a career
- ☐ g. Definitely will not make the USAF a career

Charge Nurse Consent
A Study of the Relationship between Charge Nurse
Leadership Style and Staff Nurse Job Satisfaction

Investigator: Nina K. Rhoton, Major, USAF NC
Graduate Student, Nursing Administration
Louisiana State University Medical Center
School of Nursing
PH: 504-244-3217

I understand that the investigator is requesting my participation in a study of the leadership styles of charge nurses and the levels of job satisfaction of staff nurses in two U.S.A.F. medical treatment facilities, including the one to which I am currently assigned. The purpose of the study is to determine if there are relationships between particular charge nurse leadership styles and differing levels of staff nurse job satisfaction. The results should identify leadership attitudes that are more conducive to higher levels of job satisfaction in subordinates.

I understand that charge nurses with at least four (4) months in their current position will be asked to participate in the study. I understand that participation in the study is voluntary.

I understand that two (2) tools for charge nurses will be used in the study: one instrument titled "charge nurse questionnaire" requesting biographic and demographic data, and the "Leadership Opinion Questionnaire" (LOQ). I understand that the instruments are not designed for the identification of a pathological (illness) state and that no effort will be made to make pathological interpretations from the data. The investigator has provided me with the tools for charge nurses as described above. I understand that the charge nurse questionnaire is to be completed by marking with pen or pencil an "x" by the most appropriate response to each question, and by writing a short answer for those responses that request specific information. I understand that the LOQ is to be completed by marking with pencil an "x" by the alternative that best expresses my feeling about the item. I understand that I will be expected to complete each instrument one time only. I understand that there are no known side effects or risks associated with responding to these questionnaires.

I understand that staff nurses on those units where the charge nurse has agreed to participate in the study will also be asked to be participants. Those staff nurses volunteering as participants will complete two (2) tools: one instrument titled "staff nurse questionnaire" requesting biographic and demographic data, and the "Minnesota Satisfaction Questionnaire", which measures levels of satisfaction with various dimensions of the job situation.

I understand that results of this study may identify particular leadership attitudes that may be related to different levels of job satisfaction in staff nurses. This information may be of benefit to nurse educators in planning programs that prepare nurses to assume supervisory roles, or in planning staff development programs to enhance

Leadership Style and Job Satisfaction performance of leadership roles for those already in supervisory positions. This information may also be of benefit to nurse administrators for consideration when selecting, for supervisory positions, those individuals who exhibit particular leadership behaviors. The study may also reveal other factors contributing to job satisfaction and dissatisfaction among staff nurses, which can be used by nurses at all administrative levels in planning and problem-solving activities related to retention and job satisfaction. The results of the study may encourage self-evaluation of one's own leadership style by nurses currently in supervisory positions, and leadership role development of staff nurses and others striving for higher supervisory positions.

I understand that the results of this study will be released to the Graduate Program, Louisiana State University Medical Center School of Nursing, and to the Air Force Institute of Technology. A copy of the study will also be provided to the Chief Nurse of each medical treatment facility participating in the study, and will be available for perusal by all participants. I also understand that the results of this study may be published. I understand that the questionnaires will be coded by the investigator so that the charge nurse and staff nurse responses can be correlated, however, I understand that no individual work area will be singled out in any manner in the results of the study. I understand that my privacy will be protected, and that my name and work area will not be used in any manner whatsoever in the written results of the study.

I understand that participation in this study will not result in any financial changes. I understand that I may withdraw from this study at any time without jeopardizing, in any way, my position in this institution in the present or future. I understand that I have the right to be provided with answers to any appropriate questions which may arise during the course of this study. I acknowledge that I have been given a copy of the consent form for my own personal use.

Charge Nurse Signature _____
Date _____

PRIVACY ACT STATEMENT

The following provided IAW AFMTR 53-1 and AFR 12-35:

PRINCIPAL PURPOSE: The purpose of completion of the questionnaires is to obtain information for the study of the relationship between charge nurse leadership style and staff nurse job satisfaction in two USAF medical treatment facilities.

ROUTINE USES: The study is being completed in partial fulfillment of the Master in Nursing degree at Louisiana State University Medical Center School of Nursing by the investigator.

DISCLOSURE IS VOLUNTARY. Non-participation in the study will limit data available for the study, but will not affect an individual's standing in the organization. Signature of participants is required on the consent form only.

Staff Nurse Consent
A Study of the Relationship between Charge Nurse
Leadership Style and Staff Nurse Job Satisfaction

Investigator: Nina K. Rhoton, Major, USAF NC
Graduate Student, Nursing Administration
Louisiana State University Medical Center
School of Nursing
PH: 504-244-3217

I understand that the investigator is requesting my participation in a study of the leadership styles of charge nurses and the levels of job satisfaction of staff nurses in two U.S.A.F. medical treatment facilities, including the one to which I am currently assigned. The purpose of the study is to determine if there are relationships between particular charge nurse leadership styles and differing levels of staff nurse job satisfaction. The results should identify leadership attitudes that are more conducive to higher levels of job satisfaction in subordinates.

I understand that staff nurses with at least two (2) months in their current position will be asked to participate in the study. I understand that participation in the study is voluntary.

I understand that two (2) tools for staff nurses will be used in the study: One instrument titled "staff nurse questionnaire" requesting biographic and demographic data, and the "Minnesota Satisfaction Questionnaire" (MSQ). I understand that the instruments are not designed for the identification of a pathological (illness) state and that no effort will be made to make pathological interpretations from the data. The investigator has provided me with the tools for staff nurses as described above. I understand that the staff nurse questionnaire is to be completed by marking with pen or pencil an "x" by the most appropriate response to each question, and by writing a short answer for those responses that request specific information. I understand that the MSQ is to be completed by marking with pencil an "x" by the alternative that best expresses my feeling about the item. I understand that I will be expected to complete each instrument one time only. I understand that there are no known side effects or risks associated with responding to these questionnaires.

I understand that charge nurses with at least four (4) months experience in their current position have been asked to participate in the study. Those charge nurses volunteering as participants will complete two (2) tools: one instrument titled "charge nurse questionnaire" requesting biographic and demographic data, and the "Leadership Opinion Questionnaire" (LOQ).

I understand that results of this study may identify particular leadership attitudes that may be related to higher or lower levels of job satisfaction in staff nurses. This information may be of benefit to nurse educators in planning programs that prepare nurses to assume supervisory roles, or in planning staff development programs to enhance

Leadership Style and Job Satisfaction

performance of leadership roles for those already in supervisory positions. This information may also be of benefit to nurse administrators for consideration when selecting, for supervisory positions, those individuals who exhibit particular leadership behaviors. The study may also reveal other factors contributing to job satisfaction and dissatisfaction among staff nurses, which can be used by nurses at all administrative levels in planning and problem-solving activities related to retention and job satisfaction. The results of the study may encourage self-evaluation of one's own leadership style by nurses currently in supervisory positions, and leadership role development of staff nurses and others striving for higher supervisory positions.

I understand that the results of this study will be released to the Graduate Program, Louisiana State University Medical Center School of Nursing, and to the Air Force Institute of Technology. A copy of the study will also be provided to the Chief Nurse of each medical treatment facility participating in the study, and will be available for perusal by all participants. I also understand that the results of this study may be published. I understand that the questionnaires will be coded by the investigator so that the charge nurse and staff nurse questionnaire responses can be correlated, however, I understand that no individual work area will be singled out in any manner in the results of the study. I understand that my privacy will be protected, and that my name and work area will not be used in any manner whatsoever in the written results of the study.

I understand that participation in this study will not result in any financial charges. I understand that I may withdraw from this study at any time without jeopardizing, in any way, my position in this institution in the present or future. I understand that I have the right to be provided with answers to any appropriate questions which may arise during the course of this study. I acknowledge that I have been given a copy of the consent form for my own personal use.

Staff Nurse Signature _____
Date _____

PRIVACY ACT STATEMENT

The following provided IAW AFITR 53-1 and AFR 12-15:

PRINCIPAL PURPOSE: The purpose of completion of the questionnaires is to obtain information for the study of the relationship between charge nurse leadership style and staff nurse job satisfaction in two USAF medical treatment facilities.
ROUTINE USES: The study is being completed in partial fulfillment of the Master in Nursing degree at Louisiana State University Medical Center School of Nursing by the investigator.
DISCLOSURE IS VOLUNTARY. Non-participation in the study will limit data available for the study, but will not affect an individual's standing in the organization. Signature of participants is required on the consent form only.

Note Regarding Leadership Opinion Questionnaire

The LEADERSHIP OPINION QUESTIONNAIRE by Edwin A. Fleishman, Ph.D., copyright 1960, Science Research Associates, Inc., was used with permission of the publisher. Permission to attach a copy of the tool to the study was not granted.

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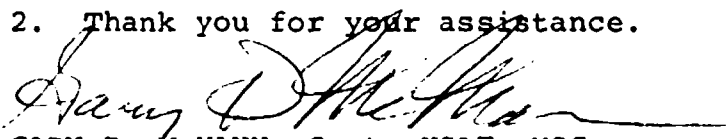
SUBJECT: Thesis Transmittal - Maj Nina K. Rhoton, USAF, NC

TO: NR

1. The attached thesis entitled "The Relationship Between Charge Nurse Leadership Style and Staff Nurse Job Satisfaction" by Maj Nina K. Rhoton, USAF, NC, is forwarded for your review and action. I would recommend the following individual as reviewer:

Col Carolyn Schneider, USAF, NC
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2. Thank you for your assistance.


GARY D. McMANN, Capt, USAF, MSC
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Thesis